



ROCKWALL FAMILY MEDICINE

ELECTRONIC PAYMENTS – QUESTIONS AND ANSWERS

Why has your office made this change?

When we send charges to an insurance company, they review what we did and determine: a) the total amount we should get reimbursed; b) how much of that they will pay; and c) how much the insured individual owes. This information is on the Explanation of Benefits (EOB) that the company sends us. Due to differences in coverage, restrictions on what we can collect at the time of visit, and the increasingly complicated manner in which insurance companies make these calculations, we are finding more often that there is a left-over unpaid balance in the Patient Responsibility column of the EOB. In response to this, we are changing our financial policy to decrease our billing expense and minimize unpaid balances.

What are the benefits of electronic payment systems?

- Eliminates the possibility of lost or stolen checks
- Eliminates postage expense and the risk of payments arriving late
- Reduces the number of bills received and eliminates need to write out and mail checks
- Ensures rapid, timely, and accurate payments
- Helps to ensure security and confidentiality for all transactions

How is my debit/credit card/checking account information kept secure?

Rockwall Family Medicine is dedicated to protecting the security and confidentiality of our patients' information. All transactions through HSBC Bank USA are compliant with the PCI Data Security Standard, which covers 12 major categories of information security including network design, data storage, intrusion monitoring and the use of security-aware IT policies. This system requires and verifies that our equipment is secure, all communications are protected with true 128-bit SSL, and sensitive information is encrypted before being placed onto any storage device. Additionally, we use a split-knowledge unlock procedure to ensure no single person will have access to sensitive information.

How long is my authorization effective?

Your signed authorization is effective until you terminate the agreement with a written request.

How will I know if and how much I will be charged?

Our office can give you an estimate of how much your insurance company will reimburse us for our services. Your personal insurance plan and benefits structure will determine what your patient responsibility will be. We will only charge your account if there is a balance remaining for the amount listed as Patient Responsibility on the Explanation of Benefits (EOB) from your insurance carrier. We encourage all of our patients to become familiar with the terms of their coverage.

Will I be notified before a charge is made to my account?

Most insurance companies send their patients a copy of the Explanation of Benefits (EOB). If a balance is due, you can expect our office to charge your account within a couple of days after you receive your EOB.

Will I receive a receipt for my payment?

A receipt will be mailed to you as soon as your payment has been processed.

What if I disagree with an amount I have been charged?

We will only charge your account if there is a balance due for the Patient Responsibility amount on the Explanation of Benefits (EOB). Your insurance company determines this amount. If you feel the "Patient Responsibility" portion of the EOB is inaccurate, you must resolve this issue directly with your insurance company. Any change in the EOB by the insurance company will be reflected as a credit or additional charge on your credit card, HSA debit card, or directly in your checking or savings account.

What if I do not have a credit or debit card?

In addition to credit and debit cards, we accept HSA debit cards and we can electronically bill checking or savings accounts. We also accept cash payment at the time of service.

What happens if I do not have enough funds in my account to process a payment?

If the primary payment source on file does not have sufficient funds, we will contact you for an alternative payment method.